

# RONGELAP ATOLL LOCAL GOVERNMENT

## Office of the Mayor

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10 March, 1997

### RONGELAP ATOLL LOCAL GOVERNMENT'S RESPONSE TO DOE'S FEBRUARY 27, 1997 RESPONSE TO RMI'S PROPOSAL:

1. DOE writes that "all of our responses are subject to and governed by the following considerations." The considerations have not been stipulated by both parties and are not acceptable as "ground rules" unless they are agreed on by the RMI (meaning national and appropriate local governments) and the DOE.
  - 1.1 In their first consideration, DOE lists an interpretation of what the Compact is saying. The Compact section should be looked at and quoted directly. In addition, consideration should be given to the fact that for the exposed population, both radiogenic and non-radiogenic diseases should be taken care of.
  - 1.2 On the second consideration, there is no "charter" for the 1258 committee, i.e., "exposed" vs. "unexposed" since the definition of the two categories is somewhat marred due to the fact that the "unexposed" were exposed to hazardous living conditions for many years. If, in the course of 1258 discussions, the treatment of the people living in Rongelap from 1957 to 1985 arises, then the issue should be given consideration.
  - 1.3 On their third consideration: "DOE's bid solicitation will be premised on funding appropriated by the U.S. Congress." appears to put a condition on whether DOE will act or not. It is unclear whether this means additional funding or the normal annual funding. All avenues of medical service provision should be considered with the patients in mind. If it means going into the funding of other DOE areas such as monitoring, etc., then we can discuss how this should work.
  - 1.4 DOE's fourth consideration is that "DOE is proud of the medical care it has delivered, and continues to provide, to the people of Rongelap..." is certainly their privilege. However, one wonders if they have been listening to the patients who have been feeling as if they are lab experiments. The attitude should be one of not being proud of what is considered patronizing or even misleading, but one of "DOE is willing to accept the fact that it has screwed up and has fallen into a rut and is willing to change."
2. Under "Establishment of a Mechanism...", number 3 "no changes will take place without the communities blessing" DOE fails to commit. DOE's answer is unacceptable.

3. Number 4 under "Establishment of a mechanism..." We do not want to wait for DOE to "explore ways in which complaints about the DOE medical program can be expeditiously addressed..." It is a conflict of interest. They should agree that it should be established, and that it should be established jointly.
4. Number 5 under "Establishment of a mechanism..." DOE's response again goes back to "limits of funding..." This position is understandable, but is not acceptable if DOE is the only one determining how the funding is distributed among the various categories.
5. On number 6 under "Establishment of a mechanism..." it appears DOE was not paying attention in our meeting. We, the communities, do not need DOE to patronizingly offer to "work with the communities to help them understand the funding available to DOE for the delivery..." We said that when in Honolulu, a patient will sometimes want to stay with friends or relatives as opposed to an unfriendly hotel room. During this time of imposition on the host family, we were suggesting that the host family be paid what DOE would have paid the hotel. The money would go further because it would supplement the small per diem and would assist in food purchases, etc. and the patient will be more comfortable around family and friends.
6. Under "RMI Request #1" DOE's response is that "DOE's medical program has always been, and will continue to be, treatment focused." It is DOE's prerogative to believe that, but it certainly is not backed up with facts. We do not accept DOE's statement and we should not sign any stipulation or agreement which even infers that RMI agrees with DOE's statement. **We think at this stage of the game, no research should ever be conducted on the exposed population.** Because we will be relying on their descriptions of what is needed, what is safe, etc. We would then have to go out and get independent assessment of the safety of the proposed research and we would have to pay for it. If DOE pays for the independent assessment, then it is not "independent" and can't be trusted.
7. RMI Request #5 is about radiogenic and non-radiogenic. DOE's response is again non-committal. It appears that they have developed an administrative definition of what is "special medical care needs". Our argument is that whatever sicknesses occur with the exposed population, those sicknesses should be taken care of with DOE's \$6.8million fund. No exceptions or excuses.
8. RMI Request #6 is about translation. DOE again appears not to have been at the meeting, and again gives a patronizing answer. DOE has not been doing this effectively. The patients tell us so. The translation is not made available at all times, and DOE is not to continue with "business as usual" on this point. They have to make extra efforts.
9. RMI Request #11 is about training. DOE has funding for training. RMI is not requesting DOE to fund 8-10 years of medical training for a cadre of new Marshallese doctors, rather RMI is requesting that DOE fund lab technician training so that some

Marshallese do the work that the 15 or so lab technicians do in California. This would be a more efficient use of dollars.

10. RMI Request #14. DOE's response is not clear. We request a clear answer.

11. RMI Request #15. DOE says it "has provided". It hasn't.

12. RMI Request #16. DOE has sent RMI residents to a variety of hospitals in the US. They claim they have not done so. This claim should be made accurate.

13. There was no Page 9 of DOE's response

In summary, Rongelap feels that DOE's attitude in their responses has been one of a cautious one that goes the extra step to not admit liability of past inefficiency. It was written with legal counsel rather than a real and honest commitment to make a change. We hope that this attitude will change in the meetings and communication ahead.